

First Health Services of Montana Provider Manual MONTANA STATE HOSPITAL ACUTE INPATIENT

MONTANA STATE HOSPITAL ACUTE INPATIENT

Definition

The *Montana Medicaid Mental Health Clinical Management Guidelines* (referred to hereafter as the *Clinical Management Guidelines*) define Montana State Hospital (MSH) acute inpatient as services that “are provided 24 hours per day, 7 days a week, by a multi-disciplinary team of licensed and appropriately credentialed professionals and professionally supervised paraprofessionals. Treatment is provided in a secure environment allowing for the most restrictive levels of care necessary for the well being and safety of the patient or others.”

These services are provided in the Montana State psychiatric hospital to treat symptoms of such severity that the absence of immediate psychiatric intervention might lead to increased serious dysfunction, death, or harm to self or others.

Prior Authorization Reviews

All admissions of individuals under 21 years of age, and 65 years of age and over, to the MSH acute inpatient facility require prior authorization. Refer to page AIP-18 of this section for the *Clinical Management Guidelines* specific to Acute Inpatient services.

Continued Stay Reviews

Lengths of stay for initial admissions to MSH will be for 60 days spans. If a continued stay is required beyond the initial 60 days, a Continued Stay Review will be required.

Retrospective Reviews

MSH acute inpatient services are subject to Retrospective Review by First Health Services of Montana as requested by the Department of Public Health and Human Services.

Discharge Procedure

Upon recipient’s discharge from any service for which prior authorization or continued stay reviews have been performed, the provider must complete a *Discharge Notification Form*. (See **FORMS** section of this manual.) This form must be submitted to First Health Services of Montana within five (5) business days after discharge.

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PRIOR AUTHORIZATION REVIEW PROCEDURE

Admissions

Admission for acute inpatient services to Montana State Hospital is an emergency admission as defined below. The federal guidelines applied to the prior authorization procedure for Acute Inpatient services are specific to emergency admissions.

Definition

An emergency admission is a sudden onset of a psychiatric condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in serious dysfunction of any bodily organ/part, death of the recipient, or harm to another person by the individual.

Prior Authorization Review Procedure

A. Medicaid Recipient Ages Under 21, and 65 & over

Since Montana State Hospital inpatient psychiatric admissions often occur during non-business hours, it may not be possible to obtain authorization for these services prior to them being rendered. Therefore, the following procedure will be followed for Montana State Hospital inpatient admission reviews.

1. The provider must verify the recipient's Medicaid eligibility.
2. For all admissions, the provider is responsible for notifying First Health Services of Montana by fax or web within 14 days of the admission. Delay in contacting First Health Services of Montana beyond 14 days will result in a technical denial of admission approval.
3. The provider must submit a *Prior Authorization Request* form by fax or web that includes demographic and clinical information at the time of initial notification to First Health Services of Montana. This information must be sufficient for the clinical reviewer to make a determination regarding medical necessity and must include:
 - Demographic information
 - Recipient's Medicaid ID number (MID)
 - Recipient's social security number (SSN)
 - Recipient's name, date of birth, sex
 - Recipient's address, county of eligibility, telephone number

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Prior Authorization Review Procedure Continued:

- Responsible party name, address, phone number
 - Provider name, provider number, date of admission
 - Clinical information:
 - Prior inpatient treatment
 - Prior outpatient treatment/alternative treatment
 - Initial treatment plan
 - DSM IV diagnosis on Axis I through V
 - Medication history
 - Current symptoms requiring inpatient care
 - Chronic behavior/symptoms
 - Appropriate medical, social, and family histories
4. The recipient's treatment must be documented to meet all three (3) of the following criteria:
- 1) Ambulatory resources in the community do not meet the treatment needs of the recipient (42CFR 441.152 [a][1]).
 - 2) Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician advisor (42CFR 441.152 [a][2]).
 - 3) The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed (42CFR 441.152 [a][3]).
5. Upon fax or web receipt of the above documentation, First Health Services of Montana's clinical reviewer will complete the review process as demonstrated in the *Prior Authorization Flow Chart* (Appendix A).
- The authorization review will be completed within two (2) business days from receipt of the review request and clinical information providing the information submitted is sufficient for the clinical reviewer to make a determination regarding medical necessity.
 - If the reviewer determines that additional information is needed to complete the review, the provider must submit the requested information within five (5) days of the request for additional information; and
 - The authorization review will be completed within two (2) business days from receipt of additional information.

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6. For admissions of persons under age 21, the provider must submit a completed and valid CON within 14 days of admission as required in ARM 37.88.1116(3), 42 CFR 441.152, and 42 CFR 441.153. **Providers are encouraged to submit the CON upon completion if it is completed prior to the allotted 14 days.**
 - If medical necessity is met and the CON has been completed within the 14 days time period, then the First Health Services of Montana reviewer will continue the admission approval.
7. If medical necessity is not met, then the case is deferred to a Board-certified psychiatrist in the First Health National Clinical Review Center for review and determination.

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CONTINUED STAY REVIEW PROCEDURE

Definition

A continued stay review is a review of currently delivered treatment to determine ongoing medical necessity for a continued level of care.

Reviews of requests for continued stay authorization are based on updated treatment plans, progress notes, and recommendations of the individual's treatment team. Continued stay requests require prior authorization and must meet the medical necessity criteria as defined in the *Clinical Management Guidelines*. (Refer to page MSHAIP-18 of the section for the Montana State Hospital Acute Inpatient *Clinical Management Guidelines*.)

Length of Stay

First Health Services of Montana will conduct continued stay reviews for all medically necessary stays for MSH Acute Inpatient services that extend beyond the 60 days initially authorized. Each continued stay review may permit authorization of up to an additional 60 days of treatment when medical necessity is determined. Subsequent continued stay reviews will occur until the recipient is discharged from the facility or medical necessity is no longer met.

Continued Stay Review Procedure

1. The provider is responsible for contacting First Health Services of Montana by fax or web no later than 24 hours/one (1) business days prior to the termination of the initial certification. Failure to meet this deadline will result in a technical denial from the last day of the previous authorization to the date that the required Continued Stay Review information is received.
2. The provider must submit the following information to complete a continued stay review:
 - Continued Stay Authorization Request form (See **FORMS** section)
 - Changes to current DSM-IV diagnosis on Axis I through V
 - Justification for continued services at this level of care
 - Behavioral Management Interventions/Critical Incidents

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- Assessment of treatment progress related to admitting symptoms and identified treatment goals
 - Current list of medications or rationale for medication changes, if applicable
 - Projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan
3. Upon fax or web receipt of the above documentation, First Health Services of Montana's clinical reviewer will complete the review process as demonstrated in the *Continued Stay Review Flow Chart* (Appendix B).
- The continued stay review will be completed within two (2) business days from receipt of the review request and clinical information providing the information submitted is sufficient for the clinical reviewer to make a determination regarding medical necessity.
 - If the reviewer determines that additional information is needed to complete the review, the provider must submit the requested information within five (5) days of the request for additional information; and
 - The continued stay review will be completed within two (2) business days from receipt of additional information.
4. If medical necessity is met, the First Health Services of Montana reviewer will authorize the continued stay and generate notification to all appropriate parties.
5. If medical necessity is not met then the case is deferred to a Board-certified psychiatrist in the First Health National Clinical Review Center for review and determination.

Discharge Procedure

Upon recipient's discharge from any service for which prior authorization or continued stay reviews have been performed, the provider must complete a Discharge Notification form. This form must be submitted to First Health Services of Montana within five (5) business days after discharge.

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CERTIFICATE OF NEED

Definition

A Certificate of Need (CON) is a state and federal requirement (ARM 37.88.1116, 42 CFR 441.152 and 441.153) for documentation for inpatient hospitalization for Medicaid recipients **under age 21**. An interdisciplinary team of physicians and other personnel who are employed by, or provide services to patients **in the facility develop the patient's plan of care and complete the CON**. The CON certifies that:

- 1) Ambulatory care resources available in the community do not meet the treatment needs of the recipient;
- 2) Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
- 3) The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

Admission CON Procedure

The certification must be performed within 14 days after admission as defined in 42 CFR 441.153. Providers are encouraged to submit the CON (see **FORMS** section) upon completion if it is completed prior to the allotted 14 days. The provider must maintain the original CON and provide a copy to First Health Services of Montana.

When a recipient has been determined to be Medicaid eligible by the department as of the time of admission to the facility the team completing the CON must include:

- a physician that has competence in diagnosis and treatment of mental illness, preferably in child psychiatry;
- a licensed mental health professional; or
- additional members as noted in 42 CFR 441.153 and 441.156 (below).

According to 42 CFR 441.153 the team certifying need for services under Sec. 441.152 of this CFR, must be made by terms specified as follows:

- (a) For an individual who is a recipient when admitted to a facility or program, certification must be made by an independent team that:
 - (1) Includes a physician;
 - (2) Has competence in diagnosis and treatment of mental illness, preferably in child psychiatry; and
 - (3) Has knowledge of the individual's situation.

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Certificate of Need Continued:

Additionally, the treatment team responsible for the recipient's plan of care must complete, sign, and date the CON. As set forth in 42 CFR 441.156, this team must include as a minimum, either:

- 1) A Board-eligible or Board-certified psychiatrist; or
- 2) A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy; or
- 3) A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases, and a psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association.

The team must also include one of the following:

- 1) A psychiatric social worker.
- 2) A registered nurse with specialized training or one year's experience in treating mentally ill individuals.
- 3) An occupational therapist who is licensed, if required by the State, and who has specialized training or one year of experience in treating mentally ill individuals.

During the prior authorization review, First Health Services of Montana will ensure that the physician signing the CON is eligible to do so per federal and state CON requirements. First Health Services of Montana will verify that the CON was received and complete before entry into the database. This review will include a determination as to whether the signatures of the interdisciplinary team members were individually dated within 14 days of the admission. Authorization is dependent upon meeting medical necessity and completion of the CON within 14 days of admission.

(Please refer to the following table for clarification of required signatures.)

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Summary of Required Signatures

A **minimum** of two signatures from the team members as described above, are required on the CON.

First, one of the signatures or group of signatures must be that of:

- A psychiatrist; **OR**

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- A doctoral degree clinical psychologist **AND** a licensed physician.

Second, one additional signature must be that of:

- A psychiatric social worker; **OR**
- A registered nurse with specialized training or one year's experience in treating mentally ill individuals; **OR**
- An occupational therapist who is licensed, if required by the State, and who has specialized training or one year of experience in treating mentally ill individuals.

*For information regarding Determination, Notification,
and Appeal Procedures, please refer to the
DETERMINATION, NOTIFICATION, AND APPEAL PROCEDURES
section of this manual*

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MONTANA STATE HOSPITAL ACUTE INPATIENT CLINICAL MANAGEMENT GUIDELINES

First Health Services of Montana will employ the use of the *Montana Medicaid Clinical Management Guidelines* strictly as guidelines. This practical application, coupled with our professional judgement based on clinical expertise and National best practices, will enhance the rendering of authorization decisions for both the 65 and over and under 21 years of age populations.

The *Clinical Management Guidelines* for Montana State Hospital (MSH) Acute Inpatient, including admission, continued stay, and discharge criteria are as follows:

Inpatient services are provided 24 hours per day, 7 days a week, in an appropriately licensed facility by a multi-disciplinary team of licensed and appropriately credentialed professionals and professionally supervised paraprofessionals. Treatment is provided in a secure environment allowing for the most restrictive levels of care necessary for the well-being and safety of the patient or others. Staff must include, but not be limited to, board eligible or certified psychiatrists, registered nurses, other licensed mental health professionals and other ancillary staff.

Admission Criteria

1. A DSM-IV diagnosis, that is covered under the provisions of Montana Medicaid, as the principal diagnosis, and at least one of the following:
2. Dangerous to self as exhibited by ideas or behaviors resulting from the DSM-IV diagnosis, as evidenced by behaviors which may include, but not be limited to,
 - a) An attempt or threat to harm self with continued acuity of risk, which cannot be safely or appropriately treated or contained in a less restrictive level of care.
 - b) An inability for the patient to contract for safety.
 - c) A specific plan for harming self and some acute risk of carrying out this plan.
 - d) Self-destructive impulses accompanied by rejection of, or lack of, available social/therapeutic support.

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- e) Actions, or threats of actions, which could predictably result in harm to self, with the patient lacking either the insight or impulse control to refrain from such behaviors.
 - f) A past history of actions harmful to self and clear clinical evidence that high risk exists presently for a recurrence of such behavior.
3. Dangerousness to others, as exhibited by ideas or behaviors resulting from the DSM-IV diagnosis, as evidenced by behaviors which may include, but not be limited to,
- a) Actions, or threats of actions, intended to harm others.
 - b) Actions, or threats of actions, which could predictably result in harm to others, with the patient lacking either the insight or impulse control to refrain from such behaviors.
 - c) A specific plan to harm others with the intention of carrying out this plan.
 - d) Current threats to harm others without the ability to contract for the other person's safety.
 - e) A past history of actions harmful to others and clear clinical evidence that high risk exists presently for a recurrence of such behavior.
4. Grave disability, as exhibited by ideas or behaviors resulting from the DSM-IV diagnosis, as evidenced by behaviors which may include, but not be limited to,
- a) Mental status deterioration sufficient to render the patient unable to reasonably provide for his or her own safety and well-being.
 - b) An acute exacerbation of symptoms sufficient to render the patient unable to reasonably provide for their own safety and well-being.
 - c) Deterioration in the patient's function in the community sufficient to render the patient unable to reasonably provide for their own safety and well-being.
 - d) An inability or refusal of the patient to cooperate with treatment combined with symptoms or behaviors sufficient to render the patient unable to reasonably provide for their own safety and well-being.
 - e) A clinician's inability to adequately assess and diagnose a patient, as a result of the patient's non-compliance or as a result of the unusually complicated nature of a patient's clinical presentation, with behaviors or symptoms sufficient to render the patient unable to reasonably provide for their own safety and well-being.

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Continued Treatment Criteria

1. DSM-IV diagnosis that is covered under the provisions of Montana Medicaid, as the principal diagnosis.
AND
2. Active treatment is occurring, which is focused on stabilizing, or reversing symptoms which meet the admission criteria and which still exist.
AND
3. A lower level of care is inadequate to meet the patient's needs with regard to either treatment or safety.
AND
4. There is reasonable likelihood of clinically significant benefit as a result of medical intervention requiring the inpatient setting.
OR
5. A high likelihood of either risk to the patient's safety or clinical well-being or of further significant acute deterioration in the patient's condition without continued care in the inpatient setting, with lower levels of care inadequate to meet these needs.
OR
6. Appearance of new impairments meeting admission guidelines.

Discharge Criteria

1. The symptoms/behaviors that required services at this level of care have improved sufficiently to permit treatment at a lower level of care.
AND
2. A comprehensive discharge plan has been developed and is ready to be implemented.
OR
3. The patient voluntarily withdraws from treatment and does not meet criteria for involuntary treatment.